

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

52319 WO

Applicant

Nokia Corporation et al.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE CHF 100,00 T

2. SEARCH FEE CHF 2432,00 S

International search to be carried out by SE

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 36
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

i1 first 30 sheets CHF 1400,00 i1

i2 6 x 15,00 = CHF 90,00 i2
number of sheets in excess of 30 fee per sheet

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = i3
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I CHF 1490,00 I

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) P

5. TOTAL FEES PAYABLE CHF 4022,00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

authorization to charge deposit account (see below) postal money order cash coupons
 cheque bank draft revenue stamps other (specify): _____

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

Authorization to charge the total fees indicated above.

(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Authorization to charge the fee for priority document.

Receiving Office: RO/ _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____